

PART B - FEE(S) TRANSMITTAL

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28481 7590 10/30/2009
TIAJOLOFF & KELLY
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405 LEXINGTON AVENUE
NEW YORK, NY 10174
02/01/2010 RHEBRAHI 00000033 10565134

01 FC:1501 1510.00 OP
02 FC:1504 300.00 OP
03 FC:8001 15.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.
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10/565,134	01/18/2006	Oliver Ganz	52201-0646
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TITLE OF INVENTION: METHOD FOR PRODUCTION OF AN OPTICAL COMPONENT MADE FROM QUARTZ GLASS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/01/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
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SNELTING, ERIN LYNN	1791	065-412000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Heraeus Quarzglas GmbH & Co. KG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hanau, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501659 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date January 27, 2010

Typed or printed name Andrew L. Tiajoloff

Registration No. 31575

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